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PTO/SB/17 (12-04)  
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Effective on 12/08/2004  
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL FOR FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$460.00)

### Complete if Known

Application Number	09/828,865
Filing Date	April 10, 2001
First Named Inventor	CORL, Mark T.
Examiner Name	D.D. Saltarelli
Art Unit	2623
Attorney Docket No.	8736.134.00

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account ☒ Deposit Account Number **50-0911** ☐ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s)

☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x _____	= _____	_____	_____	_____	_____
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____	_____	_____
_____ - 3 or HP = _____	x _____	= _____	_____	_____	_____	_____
HP = highest number of independent claims paid for, if greater than 3						

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	_____

#### 4. OTHER FEE(S)

Other: _____	Petition for Extension of Time	_____	Fee Paid (\$)
Other: _____			\$460.00

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	Yong S. Choi	43,324	Date: January 3, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Attorney Docket No. 8736.134.00

**Application Number**  
09/828,865

Filed  
April 10, 2001

For: DIFFERENTIATED PSIP TABLE UPDATE INTERVAL  
TECHNOLOGY

Art Unit	2623	Examiner	D. D. SALTARELLI
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The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |                                     |                                  |           |
|-------------------------------------|----------------------------------|-----------|
| <input type="checkbox"/>            | One month (37 CFR 1.17(a)(1))    | \$        |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2))   | \$ 460.00 |
| <input type="checkbox"/>            | Three months (37 CFR 1.17(a)(3)) | \$        |
| <input type="checkbox"/>            | Four months (37 CFR 1.17(a)(4))  | \$        |
| <input type="checkbox"/>            | Five months (37 CFR 1.17(a)(5))  | \$        |

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 50-0911. *A duplicate copy of this sheet is enclosed.*

I am the ☐ applicant/inventor.  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
                     Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☐ attorney or agent of record. Registration Number \_\_\_\_\_  
☒ attorney or agent under 37 CFR 1.34(a).  
                     Registration number if acting under 37 CFR 1.34(a) **43,324** ✓

January 3, 2008  
Date

(202) 496-7500  
Telephone Number

34(a) 43,324  
Yong S. Choi  
 Signature 43,324  
Yong S. Choi  
 Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

460.00 OP

DC:50452723.1